

No. <b>W 158159</b>		<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EVENT RISK MANAGEMENT SOLUTIONS, LLC PO BOX 851 BOISE ID 83702		ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PETER ASHWIN	Street or PO Address PO BOX 851		City BOISE	State ID	Country USA	Postal Code 83701
5. Organized Under the Laws of:  <b>ID</b> <b>W 158159</b>		6. Annual Report must be signed.*  Signature: PSA Name (type or print): PSA  Date: 09/26/2017 Title: Manager					
Processed 09/26/2017 * Electronically provided signatures are accepted as original signatures.							